An exploration of quality of life and depression in old age

A literature review

Emmanuel Muhura

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Author:	Emmanuel Louis Kamau Muhura
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Supervisor (Arcada):	Maj-Len Törnqvist, Elisabeth Kajander
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Abstract:
According to previous researches, it has been proven that depression and quality of life have a relationship with each other. The presence of depressive symptoms lowers the quality of life and low quality of life increases chances of developing depressive symptomatology. The aim of this study is to review was to integrate and establish the relationship between the concept of quality of life and the concept of depression, in order to specify those aspects of both concepts that are specific to the elderly. This will offer knowledge to the care provider to promote high quality of life, identify risk factors for depression and implement timely interventions. The method used in this study is exploratory, qualitative, systematic literature review on scientific research articles that have been published on the subject of quality of life and depression and older people. Content analysis is the method used to analyze the gathered materials; every research article is grouped according to its occurring theme. By identifying the most dominant and most reoccurring themes the author was able to classify the results to integrate depression and quality of life using a timeline perspective, to classify results for the predictors of quality of life as self-efficacy, social support, health and to classify origins of depression as bio psychosocial . In conclusion the relationship between quality of life and depression has been established. This study provides applicable knowledge for the health care providers and at risk elders, to undertake preventive or restorative measures with regards to depression origins and predictors of quality of life.

Keywords:	older people, quality of life, depression, Kustaankartano
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Tiivistelmä:

Aikaisempien tutkimusten, se on todistettu, että masennus ja elämänlaatu ovat suhde toisiinsa. Läsnäolo masennusoireita alentaa elämänlaatua ja heikko elämänlaatu lisää mahdollisuuksia kehittää masennuksen oireiston. Tämän tutkimuksen tavoitteena on tarkastella oli yhdistää ja luoda suhde käsite elämänlaatua ja käsite masennus, jotta täsmentää ne näkökohdat sekä käsitteitä, jotka ovat ominaisia vanhuksille. Tämä tarjoaa tietoa hoidon tarjoajalle edistää korkeaa elämänlaatua, määritellään riskitekijät masennuksen ja toteuttamaan ajoissa toimia. Käytetty tässä tutkimuksessa on tutkiva, laadullinen, systemaattinen kirjallisuuskatsaus tieteelliseen tutkimukseen artikkelit, jotka on julkaistu aiheesta elämänlaadun ja masennusta ja vanhukset. Sisällön analyysi on menetelmä analysoida kerättyjä aineistoja, jokainen tutkimus artikkeli on ryhmitelty sen esiintyvä teema. Tunnistamalla kaikkein hallitseva ja eniten toistuviin teemoihin kirjoittaja pystyi luokittelemaan tuloksia integroida masennusta ja elämänlaadun käyttämällä aikajanan näkökulmasta luokitella tulokset ennustavat elämänlaadun pystyvyyden, sosiaalinen tuki, terveyttä ja luokitella alkuperä masennus bio psykososiaalisia. Lopuksi välistä suhdetta elämänlaatua ja masennus on perustettu. Tutkimus tarjoaa sovelletaan osaamista terveydenhuollon tarjoajat ja vaarassa vanhimmat, toteuttamaan ehkäiseviä tai korjaavia toimenpiteitä koskien masennuksen alkuperää ja ennustajia elämänlaatua.

Avainsanat:	Vanhukset, elämänlaatua, masennus, Kustaankartanon
Sivumäärä:	
Kieli:	Englanti
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FOREWORD

I cannot possibly give a logical human explanation for how I have managed to accomplish my studies despite many challenges but yet when I read in scripture, “Zechariah 4:6 Then he answered and spoke unto me, saying, This is the word of the LORD unto Zerubbabel, saying, Not by might, nor by power, but by my spirit, says the LORD of hosts,” thus I am truly grateful and all praises and glory go to God for all that he has done, is doing and will do for me through his Son Jesus Christ my hope and my strength.

I would also like to thank my mum and my father for their unwavering support, mentorship and advice and tough love, what could I do without you. My brothers and sisters in different parts of the world you guys are a priceless blessing.

Special thanks to Arcada in the Human ageing and elderly service Lecturers, for believing in me enough to give me the opportunity and environment to pursue my studies.

Thanks to Kuustankartano elderly center for being the commissioning party for this thesis and for the practical training opportunity.

Much appreciation for the support received from friends, relatives and well-wishers.

Definitions and abbreviations

QOL- Quality of life. The appropriateness, of future aspirations to the future.

IQOL - Individual quality of life

Depression-Present Ill-being

Therapeutic future- Anticipated future that is affected by cognition distortion

YLD- Years lived with disability.

DALYs- Disability adjusted life years. The number of years lost due to ill-health, disability or death.

WHO- World health Organization

1 INTRODUCTION

The writing of this paper is carried out as a commissioned thesis for Kustaankartano center for the elderly, a public care facility under the social services department of Helsinki City.

Many studies carried out using various QOL assessment tools show that there is a correlation between QOL and depression.

In studies carried out by De Leval N. (1999), on a subject group 110 clinically depressed individuals, 57% of them considered that they had a very bad quality of life, 25% a bad one and 18% an average quality of life.

The lack of a concrete, structured definition and conceptualization of QOL provides an opportunity for creation of variable measurement and interpretation models for QOL.

According to the World Health Organization Depression is the leading cause of disabilities as measured by YLD and the fourth leading contributor to the global burden of disease DALYs in 2000 and by the year 2020 depression will be the second leading contributor to DALYs.

In majority of the countries in the world life expectancy has increased resulting in a shift of increase in the number of people aged 65 years and above. This, however creates a challenge to maintain well-being especially independence and autonomy in later life. Ponce et al.

Since ill-being and well-being both are broad concepts. It is therefore necessary to narrow down and examine the association between QOL and Depression and then specifically those aspects of QOL that relate most to later life.

2 BACKGROUND

2.1 Concept of quality of life

The concept of quality of life can be described as a sense of well-being, meaning and value (Anneli Sarvimäki 2000). Within different societies there are certain common core values and their absence or presence provides a means for them to measure their QOL. This has resulted in innumerable QOL definitions and instruments. According to WHO various related terms to QOL include well-being, happiness, family, autonomy, satisfaction and independence. Questions about what a good life is and how we should live ignored to have a good life have been around for decades however QOL as a phrase started being used by social scientists in the 1970's (Anneli Sarvimäki 2000). Quality of life can be seen as a complex interaction between the individual and the factors in his environment from an objective and subjective view (De Leval N. 2000). Being thus a multidimensional concept the main themes are objective environment, behavioral competence, perceived quality of life and psychological well-being (Anneli Sarvimäki 2000).

2.2 Concept of Depression

According to the WHO Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep, low energy and poor concentration.

About 10% and 15% of the elderly suffer from some degree of depressive symptomatology however only about 3% tend to experience a depressive episode, however no evidence shows that depressive episodes increase as individuals advance in age (Ross JL 2008).When dealing with the concept of depression it is noteworthy not to categorize individuals as depressed rather to categorize the condition or disorder as clinical depres-

sion. However some depressive symptoms are observed more commonly among the older people, these are; sub-syndrome depression, minor depression or dysthymia.

Depressive symptoms and disorders are frequent causes of emotional and physical suffering, decrease the quality of life and increase the risk for death among older adults. Because of deteriorating body functioning in older adults, their biological vulnerability to depression increases (Dan G. Blazer II and Celia F. Hybels 2005).

3 AIM AND RESEARCH QUESTION

Aim

The author seeks to integrate and establish the relationship between the concepts of QOL and Depression in order to discover those predictors of quality of life that are most specific to later life and the origins of depression in later life.

Research questions

1. How can the concepts of QOL and Depression be integrated?
2. What are the predictors of QOL specific to later life?
3. What are the origins of depression in later life?

4 THEORETICAL FRAMEWORK: LIFE CYCLE COMPLETE

Erick Erickson theory of psychosocial development eighth and ninth stage addresses the challenges of later life (Erickson, E.H. 1998). Associated with every development stage is a life crisis that that the individual has to successfully or unsuccessfully resolve. In eighth stage: at ages of approximately 65 to late 70's years old the individual starts to realize that he is nearing death. This can be triggered by various factors or life events for example retirement, death of a spouse, change of residence locations and changing social dynamics. As individuals start to realize their mortality, they start to review their live- a kind of reminiscence. As a conclusion the individual either comes to ego integrity or ego despair resolutions.

Ego Integrity resolution is whereby the individual upon looking back in life gathers a sense of wholeness, meaning in life, satisfaction and content. The ego quality that emerges from a positive resolution is wisdom. Erickson E. (1982) describes wisdom as "a kind of informed and detached concern with life itself in the face of death itself" (P: 61).

However ego despair is the result of a negative resolution or a lack of resolution of the final life crisis, it manifests itself as a sense that life is too short, a fear of death and depression.

In the ninth stage: at ages of 80's and 90's , as the human body ages bodily weakness sets in, this in turn challenges the individual's autonomy, independence and sense of control, consequently their self-esteem and confidence weaken. Although despair at this stage is constantly present. In this stage, it is argued that previously resolved crisis points are again confronted, however the person does not at this stage have the luxury of retrospective despair, they are more concern with just getting through the hardships of one day and stressed the importance of recognizing that conflict and tension could be a source of growth and strength (Erickson, E. H. 1998, P: 196).

5 METHODOLOGY

The purpose for this chapter of the paper is to guide the author in a systematic fashion as he investigates the subject in context to arrive at a logical conclusion to the aims set out in the paper. The method of data collection for applied for this paper is systematic literature review. This was achieved by reading through various scientific materials that has been conducted in the well-being field in the last fifteen years. The information was carefully and specifically selected fit the aims and research questions. Quality of Life tied together with depression being the main subject of interest.

5.1 Exploratory research study

To each scientific study there is a specific purpose, however research there are various research objectives and from them the author choose an exploratory research objective as the appropriate model. Reason being, exploratory research objective is to familiarize with a phenomenon or to achieve new insights or formulate new insights into it.

Research articles by accredited scholars and accredited institutions were used. Since QOL is a very wide phenomenon the author choose to focus on those articles that were limited to the social sciences field.

The accredited search engine recommended to the author to select materials from was accessible through Arcada's Library- NELLI Portal; it provided a wide variety of resources, several data bases and e-journals. From here the author searched for materials under the social services degree programme.

The available data bases; EBSCO, ProQuest, Google Scholar, Nursing Collection 1&2, were most appealing to the author. However the material for the paper was limited to only EBSCO because of its scholarly accreditation, regional relevance and ease to maneuver.

5.2 Sample Process

From EBSCO the key words used in the process for information retrieval were: Older people, quality of life, depression.

Initially the author used the search words elderly, older, old age, aging and aged as subject terms, however the search engine recommended older people as the appropriate subject term. There were no problems encountered with the other subject terms.

In the Choose data base fist field; older people, second field quality of life and third field depression were typed in. The search was limited to full text articles from the year of publication 1999 to 2012.Only articles containing an abstract were chosen. The search provided 236 articles.

After going through all the abstracts and conclusions, from these 12 articles were chosen with priority being given to the relevancy to subject then to most recent publication dates.

5.3 Qualitative content analysis

Qualitative content analysis was used for this paper. This can be described as a research method for the subjective interpretation of the content of the text and data through the systematic classification process of coding and identity themes. The researcher ought to read and reread the text to identify the emerging themes which are useful and group them as they are related to aech other (Graneheim & Lundman 2004 P: 107)

Qualitative research is concern with observance of natural occurrences and attempting to make sence or scientific interpretation phenomena thus bringing meaning and understanding.

By using this deductive method, the previous concept, theory and models are expected to be retested in the new context, starting with establishing a category matrix and then coding the data according to categories (Elo. S. and Kyngäs. H. 2007).

Table 1*: Summary of research articles used and contents*

Location	**Name of Article**	**Author**	**Year**	**Content**
Background	Psychosocial development in the elderly: An investigation into Erikson's ninth stage	Cynthia Brown, Michael J. Lowis	2003	The article discusses the various psychosocial stages of development the elderly undergo the challenges and triumphs. Through hope, illuminates a general "looking forward to" as the elderly are on the way to achieve gero-transcendence
Background	Quality of life and depression: Symmetry concepts	N. de Leval	1999	The article shows the symmetry between depression and QOL. The three-time dimension concept explain the integration
Background	A concept analysis of malnutrition	Cheryl Chia-Hui Chen, Lynne S. Schilling, Courtney H.	2001	The article discusses that intervention is necessary. Through intervention the

		Lyder		Health and subsequently the QOL of the elderly gains an upward trajectory.
Content Analysis	Can the concepts of depression and quality of life be integrated using a time perspective?	Margaret Moore, Stephan Hofer, Hannah Mc Gee and Lena Ring	2005	The article relates role of perception in elders present, past and future QOL. Adjustment in depressive symptomatology does adjust QOL
Content Analysis	Personal values and individual quality of life in palliative care patients	Martin J. Fegg, Maria Wasner, Christian Neudert, Gian Domenico Borasio	2005	The article discusses palliative care patients whom majority include the elderly. Comorbidity causes a challenge to iQOL hence shift in personal values.
Content Analysis	Origins of depression in later life	Dan G. Blazer, Celia F. Hybels	2005	The article reviews the biological, psychological and social factors. It outlines those factors that predispose the elderly to depressive symptomatology
Content Analysis	Promoting Food intake in older adults living in the	Heather H. Keller	2007	The article discusses improving HRQOL. Through nutrition

	community: A review			health improves among the elderly; categorized as usual, successful and accelerated rate ageing subgroups
Content Analysis	Exploration of social support systems for older adults	Regina M McDonald, Peter J Brown	2008	The article discusses creating support services. This Help in emotional and psychological well being
Content Analysis	Quality of life and barriers in the urban outdoor environment in old age	Merja Rantakko, Susanne Iwarsson, Markku Kauppinen, Raija Leinonen, Eino heikkinen, Taina Rantanen	2010	The articles discuss outdoors activities, mobility and functioning for elderly. Participating especially those with disability improves their QOL
Content Analysis	Predictors of quality of life in old age: A multivariate study of Chile	Maria soledad herrare ponce, Carmen Barros Lazaeta, Maria Beatriz Fernandez Lorca	2011	The article discusses a summary of QOL in old age. It expounds the predictive factor of well- being in old age
Background	Social inequalities in health in older adults in Brazil and England	Fernanda Limacosta, Cesa De Oliveira, James Macinko, Michael Marmot	2012	The article discusses the relationship between inequalities in socio economics and its effects the health

				of the elderly. Low income reflects poor HRQOL
Content Analysis	Quality of life in old age described as a sense of well-being, meaning and value	Anneli Sävimäki, Bettina Stenbock-Hult	2000	The article seeks to create a model that can provide a better understanding of well-being. A model is developed of QOL and related factors.

6 RESULTS

6.1 How can the concepts of QOL and depression be integrated?

The effect of depression on well-being is an observable phenomenon in the elderly, however placing the relationship in a scientific context places major challenges. In this section the author will attempt to explain this integration using a time perspective as described by De Leval N. (1999) and M. Moore et al., (2005). While normally the timeline of an individual is continuous, it is discontinuous for the elderly suffering from depression. For such an individual time drags on interminably and the past having become distant from the present, no longer nourishes it and in fact deprives it of energy, while the future becomes so blurred that it disappears.

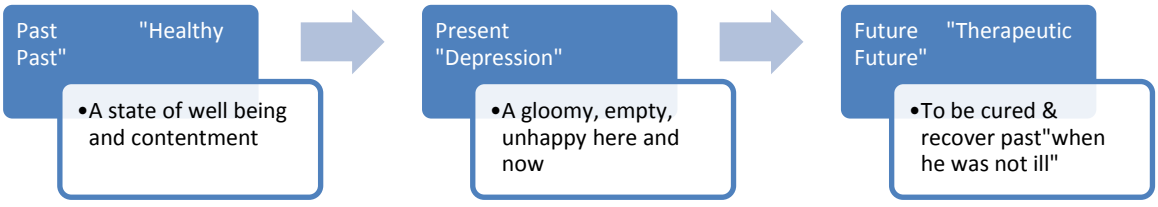

Figure 1: *The temporal horizon, adopted from De Levan N. (1999).*

6.1.1 Therapeutic Future

This is a substitute for a "real future" as experienced by healthy individuals. The effect of the depression on the individual is the imperceptibility or wearing a way of a future, creating evidence for despair and ill-being or even a desire for death.

This desire for the individual to face a future of well-being produces one wish of "to be cured to recover his past of when he was not ill". More exactly for his QOL to improve or to achieve well-being, he needs to recover the part of his past when he was not ill. In the path towards healing the past to be recovered therefore becomes his "therapeutic future" a necessary step for the individual (De Leval N. 1999).

This concept of therapeutic future is unique to depression because it shows that depressed individuals have a disturbed temporal focus that is less future directed and more focused on the past. The effect of these is that their time perception is influenced negatively (M. Moore et al., 2005).

6.1.2 Past, Present and future

Using the timeline perspective of present and future QOL can be defined as "the making present of the future." If the distance between an individuals present ill-being and his future goals for well-being is too far away then the lower his QOL and inversely if his the distance between his present ill-being and future goals is within reachable distance then the higher the QOL.

The model predicts that changes in cognition about one's past, present and future QOL will be associated with depressive symptomatology (M. Moore et al., 2005).

6.2 What are the predictors of Quality of Life specific to later life?

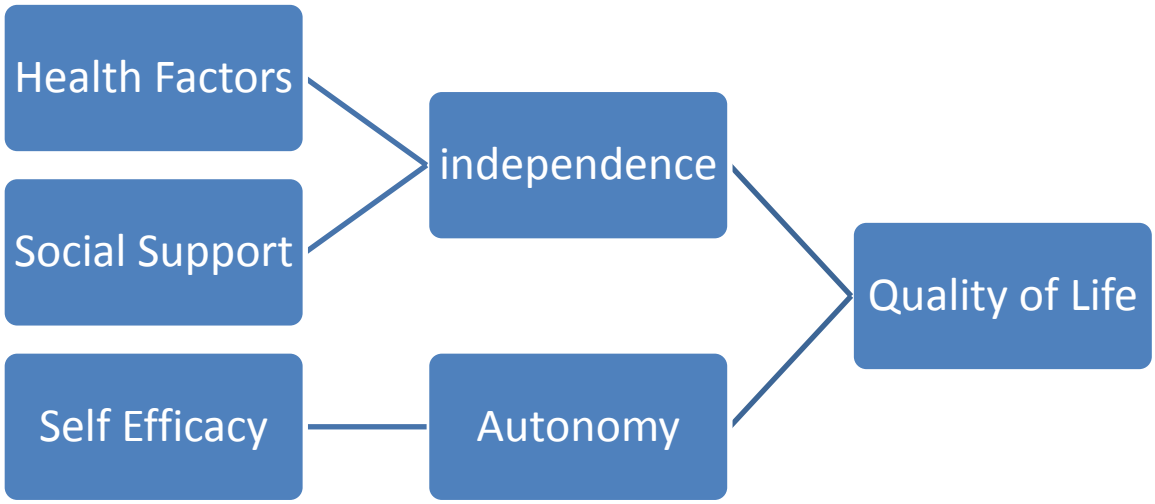

Figure 2: *A hypothetical model of predictors of quality of life specific to later life.*

6.2.1 Independence

"Independence is commonly understood as the ability to perform functions related daily living i.e. the capacity of living independently in the community with little or no help from others" (WHO 2002).

Activities of daily living usually include but are not limited to;

- Personal grooming and hygiene
- Functional transfers
- Self-feeding
- Dressing and undressing
- Ambulation

- Bowel and bladder management

When considering independence in late life the aim should be to focus on restorative approach where the independence has been lost and preventive approach where independence has not been lost.

6.2.1.1 Health factors

Health is a major predictor of the QOL of the elderly. As concerns to the Health of the elderly the most prominent predictors of well-being in older age were nutrition and Physical activity.

6.2.1.1.1 Nutrition

Older adults have the potential to have significant nutrition concerns and deficits owing to the physiological, social and psychological changes that occur with ageing (Heather H. Keller 2007). As we age there are those who experience healthy ageing, usual ageing and accelerated aging. With those experiencing usual and accelerated ageing there is presence of barriers to healthy eating. Such barriers may be changes in food preferences, poor motivation to eat. Thus for the elderly to develop healthy feeding habits they should be near their family and friends (Heather H. Keller 2007). It is important to find elders with inadequate food intake before they progress to weight changes and overt malnutrition. Successful programs for promoting food intake among the elderly, (McKenzie and Smeltzer 1997) as cited by Heather H. Keller (2007). Normal ageing combined with poor nutrition is characterized by losses in every body system; Loss of optimal body composition, optimal oral health, optimal sensory function, loss of roles functions.

6.2.1.1.2 Physical Activity

Many researches have shown that participating in physical activities has been shown to postpone functional loss and walking challenges in the elderly. In previous years knowledge of benefits of moving outdoors for physical, psychological and social well-being in older adults has increased (Rantakokko et al., 2010).

Maintaining good functional capacity promotes a healthy more active lifestyle resulting in the sense that the individuals are happier (M. s. Herrera Ponce et al., 2011).

6.2.1.2 Social Support

Social support networks for the elderly in the community are very important supporters of QOL in old age. Emotional and psychological support helps to strengthen areas where loss has been encountered both in mind and body. Lack of support brings fourth loneliness, isolation and despair (Regina M. McDonald and Peter J. Brown 2008).

According to Regina M. Mc Donald and Peter J. Brown (2008), lack of social support prepares a breeding ground for depressive symptomatology. Social support networks for the elderly provide a kind of 'life force' it provides a means of support and a means to foster new ways of finding friendships with people who have a common age, experiences and losses.

Essence of life is established in social support networks by making the individual important in each other's life by being held in high esteem, being understood and motivated.

Learning to adapt in social support networks helps the participants to disclose to each other their inner feelings and problems, share time together, adjust to the stages of their lives.

Engagement with peers in a social support network is a strategy that is protective and reduces risk factors associated with poor mental and physical health.

6.2.2 Autonomy

"Autonomy is the perceived ability to control, cope with and make personal decisions how one lives on a day to day basis, according to one's own rules and preferences", (WHO 2002).The following four points contribute to the personal autonomy of the elderly

- External controls
- Limitations on choice making
- Freedom from inadequate understanding
- Ability to act on self-imposed plans

Most importantly self-autonomy of the elderly should not end with lessening independence in ability to carry out their ADL's however it should have the chance to exercise their authority to delegate their care duties to others. According to Bandura Albert, (1977), Self-efficacy or the belief in one's own abilities has an effect on what one plans to do, how he does it and how he feels as he is doing it, therefore the relationship between personal values and iQOL.

6.2.2.1 Self-efficacy

Personal values are cognitive representations of goals or motivations that are important to people. QOL has been shown to depend on factors other than mere functional health status (Fegg et al., 2005). As individuals encounter loss in body organs function their value constructs shift.

According to Fegg et al., (2005), definitions of value constructs below;

"Power: Social status and prestige, control or dominance over people and resources
Achievement: Personal success through demonstrating competence according to social standards
Hedonism: Pleasure and sensuous gratification for oneself
Stimulation: Excitement, novelty, and challenge in life

Self-direction: Independent thought and action-choosing, creating, exploring
Universalism: Understanding, appreciation, tolerance, and protection for the welfare of all people
Benevolence: Preservation and enhancement of the welfare of people with whom one is in frequent personal contact
Tradition: Respect, commitment, and acceptance of the customs and ideas that traditional culture or religion provide
Conformity: Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms
Security: Safety, harmony, and stability of society, relationships, and the self."

From this study it was noted that the clients who were more interested with supporting personal relationships had a higher sence of acceptance of themselves and their situation and hence increased well-being.

As indicated by Schwartz's value theory patients with self-transcendence values (universalism and benevolence) are more concern about bigger worries and are more likely to have a higher subjective iQOL than patients who are concern with self-enhancement values(power, achievement, hedonism).

6.3 What are the origins of depression in late life?

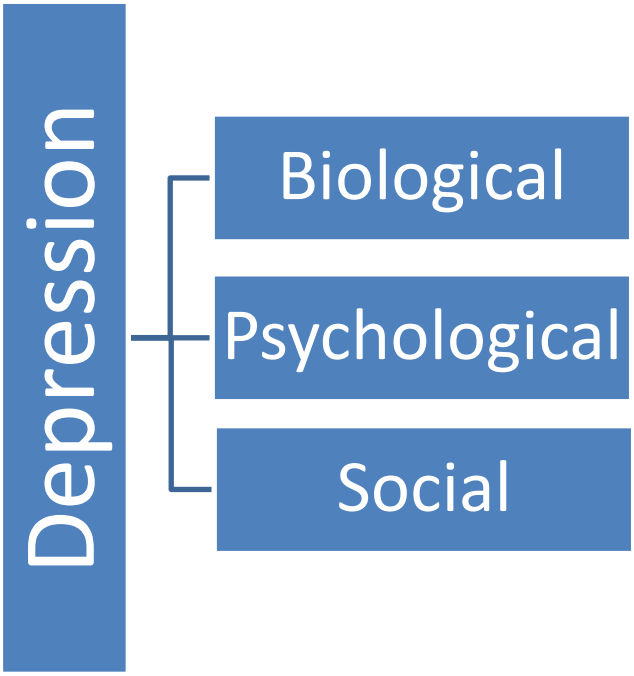

Figure 3: *Hypothetical figure of origins of depression.*

The origins of depression in late life are multiple and vary across bio psychosocial domains.

As the ageing body experiences loss in functional capacity, vulnerability to various diseases is inevitable, multiple pathology. Between 10% and 15% of the elderly suffer from some degree of depressive symptomatology at any given time but only 3% tend to experience a depressive episode (Ross JL, 2008). According to Ross JL (2008), "several factors influence how depressive disorder presents in old age:

- an overlap of physical with somatic depressive symptoms
- tendency to minimize feelings of sadness
- somatization or disproportionate complaints associated with physical disorder

- sudden emergence of severe anxiety , obsessive compulsive phenomena, hysteria or hypochondriasis
- deliberate self-harm
- 'Pseudo dementia' (dementia of depression) where patients who appear demented may in fact be suffering from severe depression
- depression superimposed on dementia
- the accentuation of abnormal personality traits
- behavioral disorder such as food refusal ,screaming, aggression
- Late onset substance dependence "

6.3.1 Biological origins

As discussed by D.G. Blazer II and C.F. Hybels (2005), Major depression and presence of depressive symptoms is more common in women that in men.

Neurotransmitter dysfunction. Specifically, serotonin neurotransmission produces a 'feel good chemical- serotonin'; its production decreases drastically throughout mid-life this may cause a feeling of being low and gloomy.

The endocrine anatomy changes with age these results in deregulation of hormonal secretion. Cumulative stress also leads to deregulated hormonal secretion these results in interference in sleep, appetite, libido, psychomotor changes which can are observable depressive symptoms.

Depressive symptoms and vascular risk factors have an established relationship according to many researches. Depressive symptoms can be established in 20% of Alzheimer's disease patients, stroke and hypertension sufferers are at a higher risk of vascular depression.

6.3.2 Psychological origins

According to D.G. Blazer II and C.F. Hybels (2005), elderly with personality disorder were four times more susceptible to depressive symptoms compared to those without. High neuroticism and present continuous life challenges and difficulties increased the chances of depressive symptoms developing.

Cognitive distortion by Beck (1987), proposes a theory in which depressed individuals often tend to overreact events and exaggerate, misrepresent adverse life events. They tend to use catastrophizing more than healthy subjects.

"Higher levels of self-mastery have shown to have a direct association with fewer depressive symptoms in older adults, and to buffer the adverse impact of disability and depression" (Jang et al. 2001) as cited by D.G. Blazer II and C.F. Hybels (2005). Self-efficacy through its relation to social support reduces depressive symptoms

6.3.3 Social origins

These stressor factors are not unique to the elderly but they vary across the life cycle. Those elderly lacking close relations are at risk of developing major depression in times of stressful life events like illness, divorce and death, bereavement, chronic stress and pain, negative socio-economic changes (D.G. Blazer II and C.F. Hybels 2005).

Social support includes structure of the network, perception, help and assistance related to the elderly. Social support can mediate between risk factors and development of depression. In longitudinal studies poor social support predicted onset of depressive symptoms. When social network challenged abruptly, impaired social support may be the most important contributor to late-life depression (D.G. Blazer II and C.F. Hybels 2005)

7 DISCUSSIONS AND CONCLUSION

In this chapter the author brings together the relationship between Erick Erickson's life cycle complete theory, QOL and depression. The choice for this endeavor is to provide a point of reference for the care givers and anybody else who might be interested on their correlation.

As indicated in Erickson's theory as the individual ages they may come to conclusions of ego integrity or ego despair and thereafter in ages 80's and 90's even though despair is present the individual can still live a fairly independent and autonomous life.

This paper confirms Erickson's theory. When an Individual suffers from depressive symptomatology it has a negative impact on his present life. The individual's cognitive ability (part of the mental processes that includes attention, memory, producing and understanding language, problem solving and decision making) is disturbed. Time seems to pass on more slowly, future becomes too distant and bleak and a preoccupation with the past. In this sense the individual might come to an ego despair conclusion which manifests itself as depression according to Erickson. It has also been shown that depression or presence of depressive symptomatology has a negative effect on the QOL; therefore hypothetically if the individual comes to a conclusion of Wisdom (ego integrity) then it is a positive on his QOL.

By exploring between the origins of depression in late life and the predictors of QOL the same multi-dimensional ideas are evident, the themes of social support, presence or absence of comorbidity and psychological.

According to this paper therefore by investigating the predictors of well-being in the elderly and ensuring their presence, chances of elderly developing depressive symptomatology and depression reduce and they are provided a higher QOL.

The healthcare providers should therefore at all-time seeks to ensure that the elderly have access to healthy nutrition, physical activities, and social support. They should also allow the elderly room for personal autonomy based on the elder's self-efficacy. The

health care provider is recommended to Identify and evaluate those factors in an elder's life that provide grounds for development of depressive symptomatology and intervene, provide necessary changes or recommendations for the elder's well-being.

Limitation for this study was the broadness of the concept of QOL meant having to go through innumerable material to find articles suited to this specific to integration of concepts of QOL and depression.

Ethical considerations*;* thesis work was commissioned by Kustaankartano. Work did not commence before the author had authorization from the commissioning party and from the school supervisors. No monetary exchange or alternative compensation was involved in the process to encourage truth and transparency.

The author has carefully read, understood and considered the Helsinki declaration in ethical guidelines.

The author has also considered the Arcada ethical guidelines in the research work. All the articles used were well sourced and referenced to avoid plagiarism.

Good ethical practices were practiced.

Recommendations*;* having shown the relationship between QOL and depression more focus should be placed on bridging the ambiguity of QOL. Since quality of life has become a central concept in modern healthcare practice, further research should be carried out to provide a widely if not universally acceptable scientific method to clearly define and measure it objectively. The availability of clarity in definition and understanding of QOL will provide a positive contribution since QOL is always at the core of discussions that involve depression, sanctity of life, euthanasia, do not resuscitate orders and end life choices all matters that are close to the elderly clients and the healthcare providers.

Critical Review*;* the author sourced the research material from previously published research articles. To consider if the articles were reliable and valid the reputation of the data base, publisher and professional qualifications of the authors.

A variety of research material on quality of life and depression could not be accessed because they were in Finnish language or required funded registration to access this data. This resulted in good information having been unutilized in the research process.

Most of the accessible articles focused independently rather than jointly on the concepts of QOL and Depression. This created a challenge since the author had to search through many articles to find those that could be appropriate for the aim and research questions of this paper.

The choice of Life cycle complete theory for theoretical framework was appropriate for the study it provided a significantly established view of the aging process which made it possible for the author to achieve reliable results.

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